

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 17/11/95 2 Serial/Patent # 08/338567

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	1	21/10/94	\$ 563
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input checked="" type="checkbox"/> Other <u>decl</u>			\$ 65

7 TOTAL AMOUNT OF REFUND \$ 628

8 TO BE REFUNDED BY:

10 REASON:

- ☒ Overpayment
☐ Duplicate Payment
☐ No Fee Due (Explanation):

☒ Treasury Check

☒ Credit Deposit A/C #:

9 04--14106

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Shelby Vigil

TITLE: Paralegal

SIGNATURE: Shelby Vigil

PHONE: 305-3165

OFFICE: PCT

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Bill Phillips

DATE: 3/29/95

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: